Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Boy Scouts of America, Connecticut River Council

Address: 60 Darlin Street

East Hartford, CT 06118

Federal Employer Identification Number: 060662110

Program title: Prepared For Life

Name of contact person: Rolland Miner

Telephone number: (860) 913-2739

Email address:rminer@bsamail.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

No

If Yes, attach a copy of the first page of your most recent return.

If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal

Part II — Program Information

Check the	appropriate description of your program:								
100% credi	t percentage								
	Energy conservation; or								
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),								
60% credit	percentage								
,	Job training/education for unemployed persons aged 50 or over;								
	Job training/education for disabled persons;								
────────────────────────────────────									
Child care services;									
Establishment of a child day care facility;									
Open space acquisition fund; or									
	Other (specify):								
volunteers of churches Scout grout that they catraining particles of the population of the columns of the colum	citizenship, fitness and leadership skills to more than 32,000 youth and nearly 9,000 adult in 127 cities and towns in Connecticut. The Boy Scouts of America collaborate with hundreds s, school affiliated groups and other community organizations that organize and operate local sps. The purpose of this project is to provide student scholarship funds to local residents so an complete their education at either Goodwin College or Stone Academy, who serve as rtners for this project. rogram: There is a great need for prevocational and vocational education to bridge the large funder employed and unskilled residents to existing jobs. This program would be a great help time scouts, their families and other local residents.								
_	nood area to be served: Hartford Are Labor Market								
Plan to im	plement the program:								
Rolland Mi	ner, Boy Scouts of America Referral of potential students								
Goodwin C	College – Prevocational and Vocational Training								

Form NAA-01 (Rev. 03/17) Page 2 of 5

Stone Academy - Prevocational and Vocational Training

Timetable:

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12?31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Program Budget:	
Complete in full. Expenditures must equal or exceed total funding	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	<u>-</u>
c)	<u> </u>
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Tuition Support	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	-
d)	•

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\$150.000

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:
Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Proje	ct Review
ls a post-project review re	quired for this proposal?
⊠ Yes	□ No
If Yes , date post-pr	roject review due:
<u>3/31/20</u> Dat	te

Form NAA-01 (Rev. 03/17) Page 4 of 5

DLN: 93493126014316

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990

2015

Open to Public Inspection

A I	or the	2015 ca	lendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5					
	neck of a	applicable hange	C Name of organization BOY SCOUTS OF AMERICA CONNECTICUT RIVERS COUNCIL INC		D Employer identification number				
_	me cha		Doing business as		06-0662110				
_	itial retu	-			E Telephone number				
_	turn/ten	minated	Number and street (or P O box if mail is not delivered to street address) Room/suit 60 DARLIN ST	e	(860) 28				
_	nended	1	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06128		G Gross rece	ipts \$ 10,837,545			
, Ap	hikatio	n pending	E Name and address of a second of the second						
			F Name and address of principal officer STEVEN SMITH 60 DARLIN ST EAST HARTFORD,CT 06128	subor H(b) Are a) Is this a group return for subordinates? Yes No) Are all subordinates Yes No included?				
I Ta	x-exen	npt status	▼ 501(c)(3)			list (see instructions)			
			W CTRIVERS ORG	n(c) Grou	ip exemption	ınumber► 1761			
K For	m of on	ganızatıon	Corporation Trust Association Other >	L Year of fo	rmation 1995	M State of legal domicile CT			
Pá	rt I	Sum	mary						
Activities & Governance	3 N 4 N 5 T	HE ABIL N SCOUT ETHODS Check th Number of Vumber of Total num	AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERIC. ITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR TO TEACHING THEM PATRIOTISM, COURAGE, SELF-RELS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AME IS box I the organization discontinued its operations or disposed of of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) inber of individuals employed in calendar year 2015 (Part V, line 2a)	HEMSELVE: IANCE, ANI RICA more than 2:	S AND OTHI D KINDRED 5% of its net	t assets 47 47 6 343 6 6,894			
	ЬΝ	et unrela	ted business taxable income from Form 990-T, line 34	T					
	8	Canani	huttone and grants (Part VIII line 1h)	Prio	r Year	Current Year			
ē	9		butions and grants (Part VIII, line 1h)	1,998,018 2,191,076					
Ravenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,254,620				
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		697.051	· · · · · · · · · · · · · · · · · · ·			
	12	Total r 12)	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		6,140,765	4,970,270			
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		66,646	82,088			
	14		ts paid to or for members (Part IX, column (A), line 4)	<u></u>		0			
8	15	5-10)	es, other compensation, employee benefits (Part IX, column (A), lines		2,443,169	2,379,893			
Expens	16a		sional fundraising fees (Part IX, column (A), line 11e)		14,759	7,221			
五	17		ndraising expenses (Part IX, column (D), line 25) \(\bigsim \frac{356,080}{356,080}\) expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2 722 054	222222			
	18		expenses (Part IX, column (A), lines 11a-11d, 11i-24e)	<u> </u>	5,256,628				
	19		ue less expenses Subtract line 18 from line 12		884,137	<u> </u>			
Net Assets or Fund Balances				Beginning o	f Current Year				
A.ss.	20		assets (Part X, line 16)		13,547,993				
¥.5	21		rabilities (Part X, line 26)		026 276	1190 161			
	22		sets or fund balances Subtract line 21 from line 20 ature Block						
Unde	г репа	ilties of p	perjury, I declare that I have examined this return, including						
		ige and d is any kn	nelief, it is true, correct, and complete Declaration of prepar nowledge						
		Signa	ture of officer						
Sigr Here		1.							
,,er	•		EN SMITH SCOUT EXECUTIVE AND CEO or prot name and title						
		Pi	nnt/Type preparer's name Preparer's signature						
Paid		-							
	pare	:r _E ,	im's name ► BLUM SHAPIRO & COMPANY PC CPA'S im's address ► 29 S MAIN STREET PO BOX 272000						
US6	Onl	ıy 📗	WEST HARTFORD, CT 061272000						
May	the IR	S discus	s this return with the preparer shown above? (see instruction						
For P	aperw	ork Redu	uction Act Notice, see the separate instructions.						

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) **Program Proposal**

This form must be completed and submitted to your municipality for approval. All items must be complete with as much detail as possible. If additional space is needed, attach additional sheets. Please type or proclearly. See attached instructions before completing. Do not submit this form directly to the Departme of Revenue Services .
Part I — General Information
Name of tax exempt organization/municipal agency: CONNECTICUT CENTER FOR ADVANCED TECHNOLOGY
Address:222 Pitkin Street East Hartford, CT 06106
Federal Employer Identification Number: 20-10511854
Program Title: Work Force Technology Program
Name of contact person: Elliot Ginsberg, Executive Director, CCAT
Telephone number: (860) 282-4202
Email address:eginsberg@ccat,us
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax? □ No If Yes, attach a copy of the first page of your most recent return. If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information Check the appropriate description of your program: 100% credit percentage ☐ Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)), 60% credit percentage Job training/education for unemployed persons aged 50 or over; ☐ Job training/education for disabled persons; ☐ Child care services; ☐ Establishment of a child day care facility; Open space acquisition fund; or ☐ Other (specify): Description of program: CCAT functions as a unique economic development organization that combines expertise in cutting-edge technology with specialized centers of excellence in manufacturing, education, training, energy and entrepreneurialism. The purpose of this program is to provide pre-vocational and vocational education program for 100 local residents, so that they may be more prepared for employment in this region. Need for program: There is a growing disconnect between the diverse local population and the workforce opportunities in the region. There is a great need for basic and prevocational education to bridge the large population of unemployed, unskilled residents to existing jobs. Our collaborating social service agencies are seeing hundreds of new clients monthly who need the types of training to be funded by this proposal. Neighborhood area to be served: Hartford Labor Market Area (as described by the CT Dept. of Labor, with a focus on East Hartford. Plan to implement the program: Elliot Ginsberg, Executive Director, CCAT- overall management of agency, coordination of this program

Stone Academy, 745 Burnside Avenue, East Hartford CT 06108 – Training in ESL as well as vocational areas

Goodwin College, One Riverside Drive, East Hartford CT 06118 -- Training in vocational areas and ESL

CT Tax Registration Number or SSN 9618240-000

CT registration Number or SSN: 1690874000

CT Registration Number or Social Security Number (SSN) 2587632-000

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12?31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget	P	rog	ram	Bud	get:
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Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:	
NAA funds requested	\$150.000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000

Propose

Total Proposed Expenditures:

ed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Tuition	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	

\$150,000

Form NAA-01 (Rev. 03117) Page 3 of 5

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:					
Town of East Hartford					
Mailing address:					
740 Main Street, East Hartford, CT 06107					
Name of municipal liaison: Paul O'Sullivan					
Telephone number: 860-291-7206					
Fax number: ,860-289-8394					
Email address: posullivan@easthartfordct.gov					

Post-l	Project Review
ls a post-project rev	view required for this proposal?
⊠ Yes	□ No
If Yes , date	post-project review due:
3/31/20	Date

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Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Creat plageators B Creat plageators Comment of Comment (CIL) Comment	Ā	For the	2015 calen	dar year, or tax	year be	ginning		, 2015,	and endir	ıg			•	
Number along Number and street (P. P.). Inst fireal is not delibered is steet actives. Receiving Receivable Rece	В	Check if a	pplicable:	C Name of organia	zation C	onnecticut (Center for	Advanced T	rechnolog	y, Inc.	D Employ	er Ident/	tification number	
Projection presenting		Addr	ress change	Doing business	as						20-	1051	854	
Tax-exempt tallus Tax-		Nam	e change	Number and str	eet (or P.O.	. box if mail is not de	livered to street a	ddress)	Room/	suite	E Telepho	one rumb	ber	
Tax-exempt tallus Tax-		Initia	l return	222 Pitki:	n Str	eet			101		(86	0) 2	91-8832	
Application peacing F Name and address of principal officer. Solah A. Glidden. 229 Piths R., Suite III Bast Hartford CT 06108 Name at autocontenter principal of the control of th		Final	return/terminated				or foreign posta	code						
Application pending F Name and address of principal officer. Short N. Glidden. 221 Pitch 18., Shitze 111 East Hartford CT 06108 May had all subordershales made and principal prin		Ame	nded return	East Hart	ford			CT	06108		G Gross r	eceipts	\$ 16,804,67	2.
Taxe exemptisations X 5016(3) 5016 () 4 direct no) 4947(c)(1) or 527		Appli	ication pending	F Name and addr	ess of princ	ipal officer:				H(a) Is this				
Task-exemptisations X 5016(3) 5016 () ** (insert no.) 44476(1) or 527		_		John A. Glidde	n 222 Pi	tkin St., Suite	101 East Ha	artford CT	06108	H(b) Are all	subordinates	included	? Yes	s No
Remain organization X Composition Trust Association Cities Livear of formation: 2004 M State of legal densities CT	ī	Tax-ex	empt status		_					II ND,	апасла пвт. (see insin	uctions)	
Briefy describe the organization's mission or most significant activities: Address 21st century economic challenges by Creating partnerships which collaboratively provide services and resources to industry, academia, government and nonprofit organizations that help them implement innovative solutions, increase efficiencies, and improve workforce development.	J	Webs	site: ► ww	w.ccat.us	_		· · · · · · · · · · · · · · · · · · ·			H(c) Group	exemption nu	mber 🕨	•	
Briefly describe the organization's mission or most significant activities: Address 21st century economic challenges by Creating partnerships which collaboratively provide services and resources to industry, academia, government and nonprofit organizations that help them implement innovative solutions, increase efficiencies, and improve workforce development.	K	Form of	f organization:	X Corporation	Trust	Association	Other >	LY	ear of formati	on: 200	4 M s	State of le	egal domicile: C	Г
Briefly describe the organization's mission or most significant activities: Address 21st century economic challenges by creating partnerships which collaboratively provide services and resources to industry, academia, government and nonprofit organizations that help them implement innovative solutions, increase efficiencies, and improve workforce development. 2 Check his box + if the organization discontinued its operations or disposed of more than 25% of its net assests. Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 7 5 Total number of individuals employed in calendar year 2015 (Part VI, line 1a) 5 87 6 Total number of individuals employed in calendar year 2015 (Part VI, line 2a) 5 87 6 Total number of individuals employed in calendar year 2015 (Part VI, line 2a) 5 87 7 Total unrelated business revenue from Form 990-T, line 34 77 78 0 8 Contributions and grants (Part VIII, line 1b) 8,473,745. 13,203,350. 1,203	Pá	art I	Summar	у			*	<u>'</u>			•			
by creating partnerships which collaboratively provide services and resources to industry, academia, government and nonprofit organizations that help them implement innovative solutions; increase efficiencies, and improve workforce development. 2 check his box If the organization disconlinued its operations of disposed of more than 25% of his net assets. 3 Number of independent voling members of the governing body (Part VI, line 1b) 4 7.7 5 Total number of individuals employed in calendar year 2016 (Part V, line 1a) 4 7.7 5 Total number of volunduals employed in calendar year 2016 (Part V, line 2a) 5 8.7 7a Total number of volunduals employed in calendar year 2016 (Part V, line 2a) 5 8.7 7a Total number of volunduals employed in calendar year 2016 (Part V, line 2a) 7a 0. 7b Net unrelated business revenue from Part VIII, column (C), line 12 7a 0. 8 Contributions and grants (Part VIII, line 1h) 8,473,745 13,203,350 9 Program service revenue (Part VIII, line 1h) 8,473,745 13,203,350 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 10 10 10 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1) 13 14 8 enefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 11,362,618 15,887,818 19 Total septenses (Part IX, column (A), lines 1) 10 11,362,618 15,887,818 19 Total septenses (Part IX, column (A), lines 1) 10 11,362,618 15,887,818 10 10 10 10 10 10 10			riefly describ	e the organization					dress 2	lst ce	ntury e	cono	mic challe	enges
b Net unrelated business taxable income from Form 990-T, line 34 Total Contributions and grants (Part VIII, line 1h) Prior Year Current Year Current Year Standard	ø	b	y creati	ing partner	ships	which col	laborati	vely prov	ide ser	vices a	and res	ourc	es to indu	istry,
b Net unrelated business taxable income from Form 990-T, line 34 Total Contributions and grants (Part VIII, line 1h) Prior Year Current Year Current Year Standard	auc	<u>a</u>											ent innov	ative
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b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year Current Year Standard Standa	Act	7a T∈										_		
8												7b		
9 Program service revenue (Part VIII, line 2g)										Р	rior Year		Current Y	'ear
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Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ř	1									785,3	76.	3,601	,322.
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ě	1												
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4 Benefits paid to or for members (Part IX, column (A), lines 4) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5 Total fundraising fees (Part IX, column (A), line 11e) 5 Total fundraising expenses (Part IX, column (A), line 125) 7 Other expenses (Part IX, column (A), lines 13e-11d, 11f-24e) 8 Total expenses. Add line 16-16 (Mount equal Part IX, column (A), line 25) 9 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line (6)) 11 Total liabilities (Part X, line (6)) 12 Total liabilities (Part X, line (6)) 13 Total liabilities (Part X, line (6)) 14 Total liabilities (Part X, line (6)) 15 Salaries, other compenses (Part X, line (6)) 16 Application of prophy, lessest of benefits of partyry, lessest that have quantined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prophy, lessest that have quantined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prophy, lessest that have quantined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prophy, lessest that have quantined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prophy. Because that have quantined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prophy. Because that have quantined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and control of prophy. Section that have quantined the return including accompanying sc	ш	1												
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,225,891. 5,389,396. 16a Professional fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 25) 0. 17 Other expenses (Part IX, column (A), lines 16a-11d, 11f-24e) 6,136,727. 10,498,422. 17 18 Total expenses. Add Jinto-13 (IV, must equal Part IX, column (A), line 25) 11,362,618. 15,887,818. 19 Revenue less expenses. Subtract line 18 from line 12 -103,497. 916,854. 164,957. 916,854. 17 18 18 18 18 18 18 18											.,259,1	21.	16,804	<u>,672.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5, 225, 891. 5, 389, 396. 16a Professional fundraising fees (Part IX, column (A), line 11e) 5 17 Other expenses (Part IX, column (A), line 25) 0. 0. 17 18 Total expenses. Add line 10 1/4 (must equal Part IX, column (A), line 25) 11, 362, 618. 15, 887, 818. 19 19 Revenue less expentes. Subtract line 18 from line 12														
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17 Other expenses (Part IX, column (A), lines 16-11d, 11f-24e) 6, 136, 727. 10, 498, 422. 18 Total expenses. Add lines 16-12 (must equal Part IX, column (A), line 25) 11, 362, 618. 15, 887, 818. 19 Revenue less expenses. Subtract line 18 from line 12	ŝ	15 5									,225,8	91.	5,389	,396.
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19 Revenue less expenses. Subtract line 18 from line 12 -103,497. 916,854.		17 0	-				•				,136,7	27.	10,498	,422.
Beginning of Current Year End of Year										11,362,618.		15,887	,818.	
Total assets (Part X, line (6)). Total liabilities (Part X, line (6)). Total liabilities (Part X, line (6)). Note: The properties of priury, ladder that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (Chert than officer) is based on all information of which preparer has any knowledge. Sign Here Type or printiname and title. Preparer Signature of officer John A Glidden Type or printiname and title. Preparer's signature Firm's name Firm's name Firm's name Firm's address O'CONNELL PACE & COMPANY, PC Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Phone no. (860) 247-3917			evenue less	expenses. Subt	act line	18 from line 12					-103,4	97.	916	,854.
21 Total liabilities (Part X-line 26) s o	8 8				7					Beginniı	ng of Currer	t Year	End of Y	ear
Under penalties of perjury, ideduce that I have exprimed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (exher than officer) is based on all information of which preparer has any knowledge. Signature of officer	a set								• • • • •					
Under penalties of perjury, ideduce that I have extrained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (exher than officer) is based on all information of which preparer has any knowledge. Signature of officer	A P	21 Te	4		•	• • • • • • •				. 3	,152,2	21.	4,081	<u>,088.</u>
Under penalties of perjury, idealge that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (letter thanks does) is based on all information of which preparer has any knowledge. Signature of officer			et assets or	fund balances. S	Subtract I	line 21 from line	e 20			. 3	,043,4	76.	3,960	,330.
Sign Here Signature of officer Date	Pa	rt II	Signatur	e Block 📆										
Sign Here Signature of officer Date	Unde	er penalties	of perjury, Ideo	lare that I have exami	ned this ret	um, including accon	npanying schedule	es and statements,	and to the be	st of my know	ledge and bet	ief, it is tr	rue, correct, and	
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Paid Albert Celentano Preparer's signature Date Check if PTIN PO 0730246 Preparer Use Only Firm's address O FARMINGTON AVE STE 201 HARTFORD CT 06105 Phone no. (860) 247-3917	пе	16			n					Chiei	Finar	icia.	Lollicer	
Paid Preparer Use Only Firm's address Albert Celentano Self-employed P00730246		*	22 Res	/=		Preparer's sig	nature		Date		Check	и	PTIN	
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Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Training Center

Address: 1137 Main Street, East Hartford, CT 06108

Federal Employer Identification Number: 22-3235660

Program title: Upgrades for Energy Efficiency

Name of contact person: Mark Scheinberg

Telephone number: (860) 727-6900

Email address: mscheinberg@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

No

If Yes, attach a copy of the first page of your most recent return.

If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal

Part II — Program Information

Goodwin College - Project Management

Check the appropriate description of your program: 100% credit percentage Energy conservation; or ☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)), 60% credit percentage ☐ Job training/education for unemployed persons aged 50 or over; ☐ Job training/education for disabled persons; Program serving low-income persons; ☐ Child care services; ☐ Establishment of a child day care facility; Open space acquisition fund; or ☐ Other (specify): Description of program: The funds received through this grant would be used to retrofit the organization's main offices and training rooms with new insulation in accessible areas, new energy efficient lighting and controls, new R-factor windows, high efficiency boiler and energy efficient H-VAC systems. Should additional funds be available, CTC would seek to replace existing roof units with ones equipped with energy efficient insulate units. The building has recently had an energy audit by CL&P, and this grant would be used to begin the retrofit suggested in the audit. Need for program: The Connecticut Training Center has its offices in a converted bank building on Main Street in East Hartford. Sections of the building are over 80 years old, and much of the building has never been upgraded for energy efficiency. The agency has been told that energy expenses could be reduced by 20-30% with the installation of new insulation, higher R-factor windows, energy efficient lighting, and motion controls for all lighted areas. This proposed grant would help in the beginning process of upgrading all three systems. Neighborhood area to be served: CTC supported students come from 30 CT towns Plan to implement the program: CTC - Coordinator of Energy Program

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12?31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

\$150,000

\$150,000
\$150.000

\$150,000

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:					
Town of East Hartford					
Mailing address:					
740 Main Street, East Hartford, CT 06107					
Name of municipal liaison: Paul O'Sullivan					
Telephone number: 860-291-7206					
Fax number: ,860-289-8394					
Email address: posullivan@easthartfordct.gov					

Post-Project Rev	iew
Is a post-project review required for	or this proposal?
⊠ Yes	□ No
If Yes , date post-project re	view due:
3/31/20 Date	

Form NAA-01 (Rev. 03/17) Page 4 of 5

Form **990**

For the 2011 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

, 2011, and ending

OMB No. 1545-0047

2011

Open to Public Inspection

В	Check if app	ilicable:	C Name of organi	ization COT	necticut Tra	aining Cent	er, inc	С.			Micadon Homber	-
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		<u> </u>	Hartfo	ord		CT 0610			Phone no.	(00	X Yes	No
Ma	y the IRS	discuss th	nis return with th	ne preparei	shown above? (se	e instructions)					X Tes Form 99	
RΔ	A For Pa	perwork F	teduction Act N	lotice, see	the separate instru	ctions.	TE	EA0101 07	7/05/11		rorm 99	y (2011)

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Training Center

Address: 1137 Main Street

East Hartford, CT 06108

Federal Employer Identification Number: 22-3235660

Program title: First Step Program

Name of contact person: Mark Scheinberg

Telephone number: (860) 727-6900

Email address: mscheinberg@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
⊠ Yes □ No
If Yes, attach a copy of the first page of your most recent return.
If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal

Part II — Program Information

Check th	ne appropriate description of your program:
100% cre	dit percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% cred	it percentage
	_ Job training/education for unemployed persons aged 50 or over;
	_ Job training/education for disabled persons;
	Program serving low-income persons;
	Child care services;
	_ Establishment of a child day care facility;
	Open space acquisition fund; or
	_ Other (specify):
Local Yo programs services Goodwin the current Need for federal and Hartford a	and local Social Services Organizations. In addition, the organization has provided local Summer buth Employment Services (SYEP) for Hartford and its suburbs and has funded voucher training is with Goodwin College and Stone Academy. The purpose of this program is to increase the we currently provide the community by sponsoring needy residents into training programs at a College and Stone Academy. The grant herein proposed will help us to increase this effort in the year through funding slots at Goodwin College and Stone Academy. program: Various aid funding has been cut back and general assistance largely defunded by the distate governments over the last five years. During this economic downturn, up to 30,000 rea residents remain unemployed and subject to regulations limiting or terminating benefits while grunds are largely available.
	rhood area to be served: Hartford Labor Market (as defined by the CT Department of Labor) with East Hartford and Hartford.
Plan to in	mplement the program:
Connect	icut Training Center – Intake and referral
Goodwin	College – Training in vocational areas as well as ESL
Stone Ad	cademy – Training in ABE/ESL

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12?31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program I	Bu	dget	
Complete	in	full.	E

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description	n:
a) Tuition	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	<u>\$150,000</u>

Form NAA-01 (Rev. 03117) Page 3 of 5

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: Town of East Hartford				
Mailing address:				
740 Main Street, East Hartford, CT 06107				
Name of municipal liaison: Paul O'Sullivan				
Telephone number: 860-291-7206				
Fax number: ,860-289-8394				
Email address: posullivan@easthartfordct.gov				

Post-Project Review	
Is a post-project review required for this prop	osal?
⊠ Yes □ No	
If Yes , date post-project review due:	
3/31/20 Date	

Form NAA-01 (Rev. 03/17) Page 4 of 5

· Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	r or th	ie zu i i calen	dar year, or tax year begin	ning , <u>Zu</u> i i,_	and endin	<u> </u>			2	
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' -			w.cttraining.org) - (maert no.) 14047(a)(1) or		Wel Group	exemption nu	ımhar Þ	•	
K			X Corporation Trust	Association Other► L Yo	ear of Formal				egal domicile: CT	·
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па		level of s	self-sufficiency to	become competitive contrib	outors t	o today	's mark	etp1	ace and soc	ietv.
ě	2	Check this bo	if the organization	n discontinued its operations or dispo	sed of mo	re than 2	5% of its	net as	sets.	
Ğ				ning body (Part VI, line 1a)				3	· · · · · · · · · · · · · · · · · · ·	6
•ජ ග	4	Number of in	dependent voting members	of the governing body (Part VI, line	1b)			4		. 6
Activities & Governance				calendar year 2011 (Part V, line 2a)				5		· 41
츷	6	Total number	of volunteers (estimate if	necessary)		• • • • • • • •		6		6
ĕ	7 a	Total unrelate	ed business revenue from f	Part VIII, column (C), line 12		• • • • • • • • •		7a		0.
	- b	Net unrelated	l business taxable income	from Form 990-T, line 34				7b		
							rior Year		Current Y	
6				1h)			12,3		600	870.
Ž	9	Program serv	rice revenue (Part VIII, line	2g)			, 334, 5			922.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		•	1,4	40.		,342.
ď	11	Other revenu	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)	• • • • • • • • • • • • • • • • • • • •	·	240		E02	,450.
				(must equal Part VIII, column (A), lin			.,348,3		283	, 45U.
				X, column (A), lines 1-3)			501,7	95.		
				(, column (A), line 4)						
	15	Salaries, othe	er compensation, employee	benefits (Part IX, column (A), lines	5-10)	·	908,6	52.	482	<u>955.</u>
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ě	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25)►	0.	Barrie .	化加加	建设	美 亚亚亚	基格等
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Unde	r penalti dele. De	ies of perjury, I de claration of pr e pa	clare that I have examined this returner (other than officer) is based on a	rn, including accompanying schedules and statem ill information of which preparer has any knowled	ge.	ule best of it	ly knowledge	210 001		
Sig	175	Signatu	re of officer			Da	ate			
Jig He		Tane	et Jefford			Pres	ident			
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U D	U U 11	Firm's addre		on Avenue, Suite 201 CT 0610	 5		Phone no.	(86		Ĺ7
			Hartford				/ t Hone Ho.	100	. X Yes	No
May	the II	RS discuss th	is return with the preparer	shown above? (see instructions)		*A0101 07		· · · · · ·	Form 99	

Municipality: East Hartford _____



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College

Program title: Job Connection

Name of contact person: Brooke Penders, Vice President, Advancement

Telephone number: (860) 528-4111

Email address: bpenders@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000

	rganization requome Tax?	uired	to file federal Form 990 or 990EZ, Return of Organization Exempt
	Yes		No
If Yes , at	ttach a copy of t	he fi	rst page of your most recent return.
-	ach a copy of ye Service.	our d	etermination letter from the U.S. Treasury Department, Internal

Part II — Program Information

Check the appropriate description of your program:							
100% cred	100% credit percentage						
	Energy conservation; or						
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),						
60% credit	percentage						
	Job training/education for unemployed persons aged 50 or over;						
	Job training/education for disabled persons;						
	Program serving low-income persons;						
	Child care services;						
	Establishment of a child day care facility;						
	Open space acquisition fund; or						
	Other (specify):						

Description of program: Goodwin College is a community-centered, workforce-focused institution of higher learning. Its mission is to provide education and training leading to employment as a foundation for lifelong learning. Most of the Goodwin College students for this program come from referrals from many local Community based organizations and many of these students are very low income and need tuition assistance.

Need for program: The Hartford Labor Market Area continues to experience a chronic period of unemployment. At the same time, job training funds in the Hartford area have decreased, creating great undressed needs for retraining our unemployed or underemployed workforce. East Hartford-Training in all and any of the areas cited in the program description. Ct Tax Registration Number 1690874-000

Area to be served: East Hartford

Plan to implement the program: Goodwin College-Duties and Responsibilities include Training in all and any of the areas cited in the program description. Connecticut Tax Registration Number 1690874-000

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after 12/31/17

Program completion date: 12/31/19 (or within one year of the date funds are received)

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Duranen Budant	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) <u>Tuition</u>	\$150.000
b)	
c)	
d)	
Administrative expenses - itemized description:	0
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Form NAA-01 (Rev. 03117) Page 3 of 5

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:
Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Project Review								
Is a post-project review required for this proposal?								
⊠ Yes □ No								
If Yes , date post-project review due:								
3/31/20 Date								

Form NAA-01 (Rev. 03/17) Page 4 of 5

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990, tax vear beginning JUL 1, 2014 and ending JUN 30, 2015

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015								
В	Check if applicable: C Name of organization				D Employer identification number			
	Address GOODWIN COLLEGE, INC.				i			
Name change					1627882			
initial return		Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numi	ber		
	∃Fina1 returi	ONE RIVERSIDE DRIVE			860-727-6906			
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code	•	G Gross receipts \$	82,063,713.		
Х	Amer	EAST HARTFORD, CT 05118			H(a) Is this a group	return		
L	Appli tion pend	F Name and address of principal officer: MARK	SCHEINBERG		for subordinat	es? Yes X No		
_		SAME AS C ABOVE			H(b) Are all subordinates included? Yes			
			(insert no.) 4947(a)(1)	or 527	if "No," attach	a list. (see instructions)		
		te: WWW.GOODWIN.EDU			H(c) Group exemp			
	orm o	organization: X Corporation Trust As	sociation Other	L Year (of formation: 2001	M State of legal domicile: CT		
	1	·	-170	HEDUT D. O.				
Ç	١,	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDOLE O				
Governance	2	Check this box if the organization discor	ntinued its operations or dispos	and of more	then OEO/ of its make			
Ver	3	Number of voting members of the governing body			1	3 20		
	4	Number of independent voting members of the gov		***************************************		19		
త కు	5	Total number of individuals employed in calendar y	ear 2014 (Part V. line 2a)		·····	773		
Activities &	6	Total number of volunteers (estimate if necessary)			·····	6 0		
를	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12	• • • • • • • • • • • • • • • • • • • •	7	a -745,370.		
_	b	Net unrelated business taxable income from Form 9	990-T, line 34					
i					Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)	•••••		44,882,347	15,120,066.		
Revenue	9	Program service revenue (Part VIII, line 2g)			61,481,316	64,453,210.		
3ev		Investment income (Part VIII, column (A), lines 3, 4,			-60,259	. 9,078.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		and 11e)		. 247,824.		
		Total revenue - add lines 8 through 11 (must equal			106,410,526			
		Grants and similar amounts paid (Part IX, column (A			13,729,774			
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)		00 070 604	•		
ses	15	Salaries, other compensation, employee benefits (F	art IX, column (A), lines 5-10)		28,979,684			
Expenses		Professional fundraising fees (Part IX, column (A), lin Total fundraising expenses (Part IX, column (D), line		833.	0	0.		
EX		Other expenses (Part IX, column (A), lines 11a-11d,			23,643,029	. 27,207,922.		
	18	Total expenses. Add lines 13-17 (must equal Part IX	Column (Δ) line 25)		66,352,487			
					40,058,039			
or		19 Revenue less expenses. Subtract line 18 from line 12			inning of Current Year			
Sets	20	Total assets (Part X, line 16)			221,840,852			
Net Assets	21	Total liabilities (Part X, line 26)	***************************************		47,541,098			
	22	et assets or fund balances. Subtract line 21 from line 20			174,299,754	. 178,162,111.		
$\overline{}$	<u>rt II</u>	Signature Block						
		lties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than office) is based on all information of wh	ich preparer t	nas any knowledge.			
Sign		Signature of officer	·					
Here	•	MARK SCHEINBERG, PRESIDENT Type or print name and title	 · <u> </u>					
		<u> </u>	Deservado etcastivo	In	ate Check	PTIN		
Paid		Print/Type preparer's name JOHN TOSCANO	Preparer's signature		if			
	arer	Firm's name COHNREZNICK LLP			Self-emp			
Preparer Use Only		Firm's address 350 CHURCH STREET, 12TH FLOOR		Firm's EIN > 22-1478099				
	•	HARTFORD, CT 06103			Phone no 95	9-200-7000		
<u>May</u>	ay the IRS discuss this return with the preparer shown above? (see instructions)							

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College, Inc.
Address: One Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 06-1627882:
Program title: Redesign of Campus to Add Energy Effectiveness
Name of contact person: Brooke Penders
Telephone number: (860) 528-4111
Email address: bpenders @goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?						
⊠ Yes	□ No					
If Yes , attach a	copy of the first page of your most recent return.					
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.						

Part II — Program Information

Check the appropriate description of your program:
100% credit percentage
⊠ Energy conservation; or
Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit percentage
Job training/education for unemployed persons aged 50 or over;
Job training/education for disabled persons;
Program serving low-income persons;
Child care services;
Establishment of a child day care facility;
Open space acquisition fund; or
Other (specify):
building systems. These systems include: new window systems, new insulated roofing, new wall insulation and new HVAC and boiler systems. Need for program: The current building budgets do not include funds to provide higher energy efficiencies While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.
Neighborhood area to be served: East Hartford
Plan to implement the program:
Brooke Penders, One Riverside Drive, East Hartford 06118 Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project CT Tax Registration Number : 1690874-000
Bryant Harrell, One Riverside Drive, East Hartford, CT 06118 Oversight of the contracts and contractors who will perform the redesign and installation of this project. CT Tax Registration Number: 1690874-000

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after t12/31/17 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Energy efficient windows, roofing, and wall systems	#150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
Professional fund raising fees Accounting/legal & other expenses – itemized	0 0
, v v v v v v v v v v v v v v v v v v v	U

Form NAA-01 (Rev. 03117) Page 3 of 5

\$150.000

b) _____

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:
Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Project Review							
Is a post-project review required for this proposal?							
⊠ Yes □ No							
If Yes , date post-project review due:							
3/31/20 Date							

Form NAA-01 (Rev. 03/17) Page 4 of 5

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2014. Open to Public Inspection

Department of the Treasury Internal Revenue Service

432001 11-07-14

Information about Form 990 and its instructions is at www.irs.gov/form990, tay year beginning JUI, 1 2014 and ending JUN 30 2015

Α.	-or tn	e 2014 calendar year, or tax year beginning	11, 2014 and	enaing v	OM 30, 21	713				
В	Check if applicab	C Name of organization D Employer identification number								
	Addre				_					
	Name chan	Doing business as			<u> </u>	06-1627882				
	initial returr	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Teleph	one numb	er			
	☐Final return	ONE RIVERSIDE DRIVE		·			860-727-6906			
	termi ated	City or town, state or province, country, and	City or town, state or province, country, and ZIP or foreign postal code			eipts\$	82,	063,713.		
X	Amer	ded EAST HARTFORD, CT 06118	il -			H(a) Is this a group return				
	Application	I F Name and address of principal officer.	SCHEINBERG		for subordinates? Yes X No					
	pend	SAME AS C ABOVE			H(b) Are all	subordinates	included? Yes	s No		
ī.	Tax-ex	empt status: X 501(c)(3) 501(c) ()		or 527	.		a list. (see instru			
		te: WWW.GOODWIN.EDU	*		7		ion number 🕨			
			sociation Other	L Year	of formation:		M State of legal d	omicile; CT		
	art i	Summary								
_	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O						
9	`									
nar	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% o	of its net a	ssets.			
Ver	3	Number of voting members of the governing body	•			1 _	l .	20		
Ĝ	4	Number of independent voting members of the gov					_	19		
ජ	5	Total number of individuals employed in calendar y				······-		773		
tie	6	Total number of volunteers (estimate if necessary)				·····- -		0		
Activities & Governance		Total unrelated business revenue from Part VIII, col						745,370.		
Ą		Net unrelated business taxable income from Form						0.		
_	- "	14et differated business taxable income from Form	990-1, line 54		Prior Y		Current	Vear		
	8	Contributions and grants (Part VIII, line 1h)				882,347		120,066.		
ne	l °				•	481,316		453,210.		
Revenue	9	- '			-60,259. 107,122.		_ 	9,078.		
Re	10	Investment income (Part VIII, column (A), lines 3, 4,						247,824.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,						830,178.		
	12	Total revenue - add lines 8 through 11 (must equal			106,410,52 13,729,77 28,979,68			031,141.		
	13	Grants and similar amounts paid (Part IX, column (A						0_		
	14	Benefits paid to or for members (Part IX, column (A						829,504.		
es	15	Salaries, other compensation, employee benefits (F						0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)				•			
×	_b	Total fundraising expenses (Part IX, column (D), line			22	643,029	27	207,922.		
ш.	١ ''	Other expenses (Part IX, column (A), lines 11a-11d,				352,487		068,567.		
	18	Total expenses. Add lines 13-17 (must equal Part I)						761,611		
	19	Revenue less expenses, Subtract line 18 from line	12			058,039				
0.00	20 21 22				ginning of Co					
Sset	20	0 Total assets (Part X, line 16)			221,840,852. 47,541,098.			570,757.		
A P	21	Total liabilities (Part X, line 26)			*****			408,646.		
يق	22	Net assets or fund balances, Subtract line 21 from	line 20		1/4,	299,754	• 170,.	162,111.		
_	ert II	Signature Block						attac is to		
		Ities of perjury, I declare that I have examined this return,					ny knowieoge and E	elet, it is		
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wr	lich preparer	nas any knov	vieuge.				
Sign		Signature of officer	1-10-		n:	ıte				
					, , , , , , , , , , , , , , , , , , ,					
Her	e	MARK SCHEINBERG, PRESIDENT Type or print name and title					***			
					Date	Check	PTIN			
		Print/Type preparer's name	Preparer's signature	'	Zulu	l if	<u> </u>	,		
Paid		JOHN TOSCANO			T=.	self-empl				
-	arer	Firm's name COHNREZNICK LLP	Tr oon		Firm's EIN 22-1478099					
use	Only	Firm's address 350 CHURCH STREET, 12TH	, rtook				0 700 7000			
		HARTFORD, CT 06103			J Pl	none no.95	9-200-7000			
May	the li	RS discuss this return with the preparer shown above	re? (see instructions)				X Yes	No		

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) **Program Proposal**

This form must be completed and submitted to your municipality for approval. All items must be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. Do not submit this form directly to the Department of Revenue Services.

Part I — General Information

Name of ta	ıx exempt	organization	n/municipal	agency:	Goodwin	College	Education	ıal
Services								

Address: One Riverside Drive, East Hartford, CT 06118

Employer Identification Number:81-0703551

Program title: Renovations of Buildings for Energy Savings

Name of contact person: Todd Andrews, Vice President, Economic and Strategic Development

Telephone number: (860) 528-4111

Email address: tandrews@goodwin.edu

Total NAA funding requested	(\$250 minimum, \$150,000 maximum)): \$ 150,000
-----------------------------	------------------------------------	---------------

otal Not landing reduced (\$200 minimum, \$100,000 maximum). \$100,000
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
⊠ Yes □ No
If Yes, attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the	appropriate description of your program:
100% cred	it percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit	percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for disabled persons;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or

Description of program: The purpose of this grant application is to purchase and install energy efficient building systems on all of Goodwin College (and its affiliates) buildings. These systems include new windows, new insulates roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the State of Connecticut.

Need for program: The current building budgets do not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Area to be served: East Hartford

Other (specify):

Plan to implement the program: Todd Andrews, Vice President, Economic and Strategic Development, One Riverside Drive, East Hartford, CT 06118

Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project. Connecticut Tax Registration Number 81-070355

Bryant Harrell, VP of Physical Facilities and IT, Goodwin College, One Riverside Drive, East Hartford, CT 06118 Oversight of the contracts and contractors who will perform the redesign and installation of this project. Connecticut Tax Registration Number 1690874-00

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after 12/31/17

Program completion date: 12/31/19 (or within one year of the date funds are received)

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Part III — Financial Information	
Program Budget: Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	· ···•
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a)	
b)	
c)	
d)	
Administrative expenses - itemized description:	0
a)	
b)	
c)	
d)	

Form NAA-01 (Rev. 03117) Page 3 of 5

\$150,000

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:		
Town of East Hartford		
Mailing address:		
740 Main Street, East Hartford, CT 06107		
Name of municipal liaison: Paul O'Sullivan		
Telephone number: 860-291-7206		
Fax number: ,860-289-8394		
Email address: posullivan@easthartfordct.gov		

Post-Project Re	view
Is a post-project review required	for this proposal?
⊠ Yes	□ No
If Yes , date post-project r	review due:
3/31/20 Date	

Form NAA-01 (Rev. 03/17) Page 4 of 5

Department of Revenue Services State of Connecticut (Rev. 03/17)

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Educational Services

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number:81-0703551

Program title: Support For Early College Students

Name of contact person: Lynn Guerriero

Telephone number: (860) 528-4111

Email address: lguerriero@goodwin.edu

	organization req ome Tax?	uired	to file federal Form 990 or 990EZ, Return of Organization Exempt
\boxtimes	Yes		No
If Yes , a	ttach a copy of	the fi	rst page of your most recent return.
1000 m	tach a copy of y e Service.	our c	letermination letter from the U.S. Treasury Department, Internal

Part II — Program Information

Check the	appropriate description of your program:
100% cred	it percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit	percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for disabled persons;
<u> </u>	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):

Description of program: The Goodwin College Educational Services is the operating organization for the college's magnet schools and early college relationships through our Senior Academy and similar projects. This project will provide financial support for tuition and related charges for needy high school students to receive pre collegiate classes at Goodwin College.

Need for program: There is a great need for early college credit attainment for needy students to have a head start in college and help insure that they complete within 5 years.

Neighborhood area to be served: All of Connecticut with a focus on East Hartford

Plan to implement the program: Lynn Guerriero, One Riverside Drive, East Hartford. Ct 06118 coordination of fund receipts, oversight of programs. Connecticut Tax Registration Number 81-0703551

Goodwin College, One Riverside Drive, East Hartford, CT 06118 Training in ABE/ESL as well as vocational areas. Connecticut Tax Registration Number 1690874-000

Form NAA-01 (Rev. 03/17) Page 2 of 5

Program start date: Funds will be awarded on or after 12/31/17

Program completion date: 12/31/19 (or within one year of the date funds are received)

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	\$150,000
a)	
b)	
c)	
d)	
Administrative expenses - itemized description:	0
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Form NAA-01 (Rev. 03117) Page 3 of 5

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:		
Town of East Hartford		
Mailing address:		
740 Main Street, East Hartford, CT 06107		
Name of municipal liaison: Paul O'Sullivan		
Telephone number: 860-291-7206		
Fax number: ,860-289-8394		
Email address: posullivan@easthartfordct.gov		

	Post-Proje	ect Review	
ls	a post-project review re	equired for this proposal?	
	⊠ Yes	□ No	
	If Yes , date post-p	project review due:	
		/31/20 ate	

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAR 22 2016

GOODWIN COLLEGE EDUCATIONAL SERVICES INC C/O WIGGIN AND DANA ELIZABETH PIMENTEL PO BOX 1832 NEW HAVEN, CT 06508-1832 Employer Identification Number:
81-0703551
DLN:
17053004353006
Contact Person:
DIANE M ECKARD ID# 31394
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30
Public Charity Status:
509(a)(3)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 28, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Specifically, we determined you're a Type I supporting organization under IRC section 509(a)(3). A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

Letter 947

GOODWIN COLLEGE EDUCATIONAL

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Jeffrey I. Cooper

Director, Exempt Organizations

Rulings and Agreements

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Foundation, Inc.

Address: One Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Retrofit Buildings for Energy Efficiency

Name of contact person: Brooke Penders, Vice President, Advancement,

Telephone number: (860) 528-4111

Email address:bpenders@goodwin.edu

from Income Tax? ☑ Yes □ No	
⊠ Voo □ No	
⊠ res ⊔ ivo	
If Yes, attach a copy of the first p	page of your most recent return.

Part II — Program Information

Check the app	propriate description of your program:
100% credit po	ercentage
⊠_ En	ergy conservation; or
Co	omprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit per	rcentage
Job	training/education for unemployed persons aged 50 or over;
Job	training/education for disabled persons;
Pro	gram serving low-income persons;
Chil	ld care services;
Esta	ablishment of a child day care facility;
Ope	en space acquisition fund; or
Oth	er (specify):
windows, insul	of program: The purpose of this grant application is to purchase and install energy efficient lation and HVAC equipment in the Goodwin College buildings in East Hartford, and its ings. According to current design plans, the current cost is estimated to be well in excess.
old. These bui	pram: Goodwin College's current campus is located in buildings that are more than 50 years ildings have terrible energy efficiency. Many walls are not insulated, and the windows air. This project would provide the efficiency to retrofit various parts of the campus ofr

Neighborhood area to be served: East Hartford

Plan to implement the program:

much greater energy efficiency.

Brooke Penders, Vice President, Advancement- Overall administrator of the grants including matching funds received to specific projects.

Bryant Harrell, Vice President, Facilities and I.T., Goodwin College – Oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment,

Form NAA-01 (Rev. 03/17) Page 2 of 5

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150.000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Construction costs	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	·
d)	

Form NAA-01 (Rev. 03117) Page 3 of 5

\$150,000

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: Town of East Hartford		
Mailing address:		
740 Main Street, East Hartford, CT 06107		
Name of municipal liaison: Paul O'Sullivan		
Telephone number: 860-291-7206		
Fax number: ,860-289-8394		
Email address: posullivan@easthartfordct.gov		

Post-Projec	ct Review
ls a post-project review red	quired for this proposal?
⊠ Yes	□ No
If Yes , date post-pr	oject review due:
3/31/20	
Dat	е

Form NAA-01 (Rev. 03/17) Page 4 of 5

EXTENDED TO MAY 16, 2016

Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

А	FOF th	e 2014 calendar year, or tax year beginning	LI, 2014 and	enaing	JON 30, 2013			
В	Check if applicab	C Name of organization	<u>.</u>		D Employer i	dentific	ation number	
	Addre	GOODWIN COLLEGE FOUNDATION, INC.						
	Name	Doing business as	Doing business as			06-1599388		
	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suit	e E Telephone i	number		
\Box	Final	OME RIVERSIDE DRIVE	·		(860)52	8-4111	
_	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	G Gross receipts \$ 823,891.		
X	Amer	ded page Harmrorn om 06118	211 St. 101 St. p. 2014. 2015			H(a) Is this a group return		
H	Appli	<u> </u>	THAN FOXMAN		for subor	•		
Ц	tion pendi	SAME AS C ABOVE	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				luded? Yes No	
_	_		4 (facest no.) (1047(a)(4)	a.				
					_		ist. (see instructions)	
		te: ▶ N/A)	H(c) Group ex			
	orm o	Of garried of 15	sociation Other	L Yea	r of formation: 200	70 <u> M</u>	State of legal domicile; CT	
	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE ()			
Activities & Governance		,	-					
nag	2	Check this box if the organization discor	tinued its operations or dispos	sed of mor	e than 25% of its	net asse	ets.	
ě	3	Number of voting members of the governing body (·			I . I	16	
ĝ	4	Number of independent voting members of the gov					13	
e ¢	5	Total number of individuals employed in calendar ye					0	
ties	6	Total number of volunteers (estimate if necessary)					0	
Ę	" -	Total unrelated business revenue from Part VIII, col					0.	
Ą	′a						0.	
	D	Net unrelated business taxable income from Form 9	990-1, IIIIe 54	·····	Prior Year	1,0	Current Year	
Revenue	۱ ـ	O 171 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-		,347.	506,068.	
	8					0	0.	
	9	• • • • • • • • • • • • • • • • • • • •			205	700.	267,968.	
	10	Investment income (Part VIII, column (A), lines 3, 4,		1		287.	-30,326.	
	11			4	1,189		743,710.	
_	12	Total revenue - add lines 8 through 11 (must equal l		- 1	1,103	0.	0.	
	!	ants and similar amounts paid (Part IX, column (A), lines 1-3)		1	0.		0.	
	14	Benefits paid to or for members (Part IX, column (A)					0.	
S	15	Salaries, other compensation, employee benefits (P			0.		 –	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.		
Š	b	Total fundraising expenses (Part IX, column (D), line	25) 🕨	<u> </u>				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			,703.	747,114.	
	18	Total expenses. Add lines 13-17 (must equal Part IX	(, column (A), line 25)			703.	747,114.	
	19	Revenue less expenses. Subtract line 18 from line 1	2		635	,057.	-3,404.	
Net Assets or		Beginning of Curren				End of Year		
Sets	20	Total assets (Part X, line 16)	***************************************		9,195		9,016,237.	
A A	21	Total liabilities (Part X, line 26)	***************************************			765.	500,100.	
25	22	Net assets or fund balances. Subtract line 21 from	ine 20		8,980	,024.	8,516,137.	
Pi	art II	, -						
		lties of perjury, I declare that I have examined this return,					knowledge and belief, it is	
true	, corre	t, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich prepare	r has any knowledg	e.		
Sig	n	Signature of officer			Date			
Her	e	DR. ETHAN FOXMAN, CHAIRMAN OF THE	BOARD					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	i	JOHN TOSCANO			<u> </u>	i self-employed	P00358542	
Ргеј	parer	Firm's name COHNREZNICK LLP			Firm's I	EIN 📐	22-1478099	
Use Only Firm's address 350 CHURCH STREET, 12TH FLOOR								
		HARTFORD, CT 06103			Phone	_{no.} 959-	200-7000	
Mar	the l	RS discuss this return with the preparer shown above	a? (see instructions)				X Yes No	

Municipality: East Hartford _____



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Foundation, Inc.

Address: One Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Support For Low Income Students

Name of contact person: Brooke Penders, Vice President, Advancement,

Telephone number: (860) 528-4111

Email address:bpenders@goodwin.edu

Total NAA funding	requested (\$250 minimum, \$150,000 maximum): \$ 150,000
Is your organization r from Income Tax?	equired to file federal Form 990 or 990EZ, Return of Organization Exempt
⊠ Yes	□ No
If Yes , attach a copy	of the first page of your most recent return.
If No. attach a copy of	f your determination letter from the U.S. Treasury Department, Internal

Part II — Program Information

Check the appropriate description of your program:				
100% credit percentage				
	Energy conservation; or			
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),			
60% credit percentage				
	Job training/education for unemployed persons aged 50 or over;			
	Job training/education for disabled persons;			
$\underline{\hspace{1cm}}$	Program serving low-income persons;			
	Child care services;			
	Establishment of a child day care facility;			
	Open space acquisition fund; or			
	Other (specify):			

Description of program: The purpose of this Goodwin College Foundation, Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin College. The students identified are at or near the federal poverty line, and are often current or former TANF recipients. This program is designed to accept individuals referred by our local and refer them to the private and non-private social service agencies. The students are assessed for basic skill and aptitude and refer them to appropriate training programs offered at Goodwin College. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses in pre-vocational and vocational preparation areas.

Need for program: East Hartford continues to experience a painful period of unemployment, punctuated by a growing social services caseload. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed or underemployed.

Neighborhood area to be served: East Hartford

Plan to implement the program:

Goodwin College Foundation, One Riverside Drive East Hartford Referral and job placement

Goodwin College, One Riverside Drive, East Hartford. Pre-Vocational and Vocational Training

Form NAA-01 (Rev. 03/17) Page 2 of 5

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150.000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) <u>Tuition</u>	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	

Form NAA-01 (Rev. 03117) Page 3 of 5

\$150,000

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:
Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Project Review				
Is a post-project review requ	uired for this proposal?			
⊠ Yes	□ No			
If Yes , date post-project review due:				
3/31/20				
Date				

Form NAA-01 (Rev. 03/17) Page 4 of 5

A For the 2014 calendar year, or tax year beginning JUL 1, 2014

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

and ending JUN 30, 2015

2014 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

432001 11-07-14

► Information about Form 990 and its instructions is at www.irs.gov/form990.

В	Check if applicable:	C Name of organization			D Employer identifi	cation number
Г	Address	GOODWIN COLLEGE FOUNDATION, INC.				
F	Name change	ame			06-1	599388
F	Initial	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numbe	r
F	Final return/	ONE RIVERSIDE DRIVE	,		'	28-4111
_	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	823,891.
х			an or totalgri postar or ac		H(a) Is this a group re	
Γ	Application pending SAME AS C ABOVE FName and address of principal officer: DR. ETHAN FOXMAN			for subordinates? Yes X		
			H(b) Are all subordinates in			
1	Tax-exen	ppt status: X 501(c)(3) 501(c) ()		or 527	' -	list. (see instructions)
	Website:		, , , , , , , , , , , , , , , , , , ,		H(c) Group exemption	= = = = = = = = = = = = = = = = = = = =
			sociation Other	L Year		VI State of legal domicile; CT
		Summary			,	
	1 Br	iefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O		
Governance						
2	2 CI	neck this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	ed of more	than 25% of its net as:	sets.
Ve	3 No	umber of voting members of the governing body				16
Ğ	4 No	umber of independent voting members of the gov				13
Activities &	5 To	otal number of individuals employed in calendar y				0
į	6 To	otal number of volunteers (estimate if necessary)				0
Ę.	7 a To	etal unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
4	b Ne	et unrelated business taxable income from Form				0.
					Prior Year	Current Year
4.	8 C	ontributions and grants (Part VIII, line 1h)			936,347.	506,068.
Revenue	9 Pr		***************************************		0.	0.
ē	10 In	vestment income (Part VIII, column (A), lines 3, 4,			295,700.	267,968.
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c			-42,287.	-30,326.
		otal revenue - add lines 8 through 11 (must equal			1,189,760,	743,710,
_		ants and similar amounts paid (Part IX, column (0.	0,
		enefits paid to or for members (Part IX, column (A			0.	0.
	145 0	alaries, other compensation, employee benefits (F			0.	0.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), li			0.	0.
Den	ь Тс	otal fundraising expenses (Part IX, column (D), line				
Ä	17 0	ther expenses (Part IX, column (A), lines 11a-11d,			554,703.	747,114.
		otal expenses. Add lines 13-17 (must equal Part I			554,703.	747 114.
	L	evenue less expenses. Subtract line 18 from line			635,057.	-3,404.
<u>–</u>		average tode experience. Subtract line to trent line	144		ginning of Current Year	, , , , , , , , , , , , , , , , , , ,
sets or	20 To	otal assets (Part X, line 16)			9,195,789.	9,016,237.
					215,765.	500,100.
Net As	22 N	et assets or fund balances. Subtract line 21 from			8,980,024.	8,516,137.
	art II	Signature Block			· ·	
Unc	ier penaltie	es of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
		and complete. Declaration of preparer (other than office				, , , ,
_					1	
Sig	_{in}	Signature of officer			Date	
He	Ι.	DR. ETHAN FOXMAN, CHAIRMAN OF THE	BOARD			
	``	Type or print name and title				
	- <u>'</u>	rint/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai		OHN TOSCANO	opai oi o oigilatui o		if self-employ	
	_	irm's name COHNREZNICK LLP			Firm's EIN	22-1478099
Use Only Firm's address 350 CHURCH STREET, 12TH FLOOR						
	'	HARTFORD, CT 06103	· · · · · · ·		Phone no.959	-200-7000
Ma	v the IRS	discuss this return with the preparer shown abo	ue? (see instructions)		1 i none no. 2 22	X Yes No
1710	7 111 1110	allogged and lefall that the bigbalet allowit and	** : /200 manananions)		<u></u>	<u></u>

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Magnet Schools, Inc.

Address: One Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Conservation Project

Name of contact person: Lynn Guerriero, Director of Operations

Telephone number: (860) 528-4111

Email address:lguerriero@goodwin.edu

Total N	AA funding	reques	sted (\$250 minimum, \$150,000 maximum): \$ 150,000
•	organization i	required	to file federal Form 990 or 990EZ, Return of Organization Exempt
\bowtie	Yes	П	No

Part II — Program Information

Check the	appropriate description of your program:
100% cred	it percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit	t percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for disabled persons;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or

Description of program: The purpose of this grant application is to purchase and install energy efficient building systems. These systems include: green roof structures, solar projects, alternative energy generation and storage, and other projects. All these systems are planned for magnet school facilities and other campus buildings.

Need for program: The current building budget does not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: East Hartford

Plan to implement the program:

Other (specify):

Lynn Guerriero, Director of Operations, Goodwin College Magnet Schools, Inc. – Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project.

Bryant Harrell, Vice President, Physical Facilities and I.T. Goodwin College – Oversight of the contracts and contractors who will perform the redesign and installation of this project.-

Form NAA-01 (Rev. 03/17) Page 2 of 5

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

\$150.000
1944
\$150,000
\$150,000

Form NAA-01 (Rev. 03117) Page 3 of 5

\$150.000

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:
Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Project Review				
Is a post-project review requi	red for this proposal?			
⊠ Yes	□ No			
If Yes , date post-project review due:				
3/31/20				
Date				

Form NAA-01 (Rev. 03/17) Page 4 of 5

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

FEB 2 9 2016

GOODWIN COLLEGE MAGNET SCHOOLS INC 1 RIVERSIDE DR EAST HARTFORD, CT 06118

Employer Identification Number: 81-0703802 DLN: 17053004353016 Contact Person: JOSEPH LAUX ID# 31077 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: June 30 Public Charity Status: 170(b)(1)(A)(ii) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: August 28, 2015 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

You're not subject to the specific publishing requirements of Revenue Procedure 75-50, 1975-2 C.B., page 587, as long as you operate under a contract with the local government. If your method of operation changes to the extent that your charter is terminated, cancelled or not renewed, you should notify us. You'll also be required to comply with Revenue Procedure 75-50.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt

Department of Revenue Services State of Connecticut (Rev. 03/17)

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Magnet Schools

Address: One Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 08-070-3802

Program title: Support For Magnet School Students

Name of contact person: Lynn Guerriero, Director, Magnet Schools

Telephone number: (860) 528-4111

Email address:lguerriero@goodwin.edu

	_
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000	
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?	
⊠ Yes □ No	
If Yes, attach a copy of the first page of your most recent return.	
If No. attach a copy of your determination letter from the U.S. Treasury Department, Internal	

Part II — Program Information

Check the appropriate description of your program:
100% credit percentage
Energy conservation; or
Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit percentage
Job training/education for unemployed persons aged 50 or over;
Job training/education for disabled persons;
⊠_ Program serving low-income persons;
Child care services;
🗆 Establishment of a child day care facility;
Open space acquisition fund; or
Other (specify):
Description of program : Goodwin College Magnet School Inc. is the nonprofit operator of all Goodwin College's magnet schools as well as a collaborator with many other statewide magnet school operations. The project is designed to provide magnet school students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin College.
Need for program: Magnet School budgets have suffered in the past few years, and this budget squeeze is likely to continue well into the future, we are seeking to augment public support of this magnet school

Neighborhood area to be served: East Hartford Labor Market as defined by the CT Department of Labor with focus on Hartford.

with funds contributed by our parents as well as with cooperate supporters.

Plan to implement the program:

Goodwin College Magnet Schools, One Riverside Drive, East Hartford, CT – Overall management, Program Coordinator

Form NAA-01 (Rev. 03/17) Page 2 of 5

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Tuition payments out of other grants	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
۹)	

Form NAA-01 (Rev. 03117) Page 3 of 5

\$150,000

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:
Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Project Review			
Is a post-project review required for this proposal	?		
⊠ Yes □ No			
If Yes , date post-project review due:			
3/31/20			
Date			

Form NAA-01 (Rev. 03/17) Page 4 of 5

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Great River Land Trust, Inc.

Address: One Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

Program title: Energy Upgrades for the Bio Lab and South Meadows Trail System

Name of contact person: Todd Andrews, Vice President, Economic and Strategic Development

Telephone number: (860) 727-6937

Email address:tandrews@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000				
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?				
□ Yes ⊠ No				
If Yes, attach a copy of the first page of your most recent return.				
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal				

Part II — Program Information

Check the	appropriate description of your program:
100% cred	it percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit	percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for disabled persons;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):

Description of program: The funds from the program will be used to provide solar collectors for the Bio Science Lab located in the South Meadows and Crow Point sections of the Great River Land Trust holdings in East Hartford, Glastonbury and Wethersfield. Funds will be used for the trails upgrades and energy efficient lighting and supports, in addition to the promotion on this trail network project as a model for other individuals and organizations in the State of Connecticut.

Need for program: The Bio Science Lab and Meadows property in the contiguous towns near East Hartford has been designated as public access recreation areas. These funds will help complete the system with energy efficient components, and will connect this system with the greater Riverfront Recapture trail system.

Neighborhood area to be served: Connecticut River Watershed, with a focus on East Hartford

Plan to implement the program:

Todd Andrews, Goodwin College and Board Member, Great River Land Trust, Inc. One Riverside Drive, East Hartford, CT. 06118

Duties: Receipt of funds, oversight of implementation of program

Form NAA-01 (Rev. 03/17) Page 2 of 5

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12?31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Program Buc	lget:	
Complete in t	full. Expenditures must equal or exceed total funding.	
Sources of	Revenue:	
NA	A funds requested	\$150,000
Oth	ner funding sources - itemized sources:	
a)		
b)		
c)		
d)		
Total Fundi	ng:	\$150,000
Proposed F	Program Expenditures:	
Dire	ect operating expenses - itemized description:	
a)	Installation of solar collectors and trails upgrades	
b)		
c) _		
d) _		
Adı	ministrative expenses - itemized description:	
a)		
b)		
c)		
٦١.		

\$150.000

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Project Review				
Is a post-project review required for this proposal?				
\boxtimes	Yes	□ No		
If Yes	, date post-project re	eview due:		

Date

3/31/20

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Great River Land Trust, Inc.

Address: One Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

Program title: Expansion of Outdoor Programming

Name of contact person: Bryant Harrell, VP, Physical Facilities and I.T.

Telephone number: (860) 727-6937

Email address: bharrell@goodwin.edu.

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000 is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?					
\boxtimes	Yes		No		
1030			_	_	

If Yes, attach a copy of the first page of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

· aren	· rogiam mormator
Check the	e appropriate description of your program:
100% cred	lit percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credi	t percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for disabled persons;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):
meadows whether the energy pois comple these sys programs support the projects w	on of program: The Great River Land Trust has accumulated over 1000 acres of land in the river south of Hartford. This program is to provide support for a feasibility study to determine the site can accommodate such energy conservation improvements as LED lighting, solar ower generation, alternative toilets systems and other such activities. Once the feasibility study the, any additional funds secured through this project will be applied toward the installation of terms. These projects will also serve as the basis for a range of conservation based educational, including ecological tours, experiments and school field trips for groups to understand and the land environment and to take an active part in energy and environmental conservation within other municipalities.
municipal a	nd local education budgets. This program is designed to provide this component through ations in place of public dollars.
Neighbort towns.	nood area to be served: Hartford, East Hartford, Glastonbury, Wethersfield and surrounding
Plan to im	plement the program:

Form NAA-01 (Rev. 03/17) Page 2 of 5

Todd Andrews, Goodwin College and Board Member, Great River Land Trust, Inc.

Duties: Receipt of funds, oversight of implementation of program

One Riverside Drive, East Hartford, CT. 06118

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12?31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	<u> </u>
d)	
Total Funding:	<u>\$150,000</u>
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Tuition	<u>\$150,000</u>
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	<u>\$150.000</u>

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:				
Town of East Hartford				
Mailing address:				
740 Main Street, East Hartford, CT 06107				
Name of municipal liaison: Paul O'Sullivan				
Telephone number: 860-291-7206				
Fax number: ,860-289-8394				
Email address: posullivan@easthartfordct.gov				

Post-Project Review			
Is a post-project review required for	this proposal?		
⊠ Yes □] No		
If Yes , date post-project revi	ew due:		
3/31/20			
Date			

Form NAA-01 (Rev. 03/17) Page 4 of 5

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015									
B Check if applicable: C Name of organization D Employer identification number								dentification number	
	Addr	ddress change							
		GREAT RIVER LAND TRUST, INC.						128786	
X		return return/	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite		•		
	termi	nated	ONE RIVERSIDE DRIVE					727-6983	
	Amei						up Exe	mption	
	Application pending EAST HARTFORD, CT 06118							<u> </u>	
	Accounting Method: X Cash Accrual Other (specify) ► H Check ► if th								
		ie: 🕨 <u>N</u>			•	ed to attach Schedule B			
			s (check only one) — X 501(c)(3) 501(c) () ◀(insert no.)	J 4947(a)(1	or 527	(For	rm 990	, 990-EZ, or 990-PF).	
		f organizat		her				······································	
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m					400 000	
		(B) below	r) are \$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund B			<u></u> J	<u> </u>	106,236.	
Pa	art I	Heve	enue, expenses, and Changes in Net Assets of Fund b	arances	(see the instru	ictions	for Par	tI)	
			if the organization used Schedule O to respond to any question in this Part I					106 236	
	1		ions, gifts, grants, and similar amounts received				1	106,236.	
	2		service revenue including government fees and contracts				2		
	3		hip dues and assessments				3		
	4		nt income	I			4		
	5a		2	5 a					
	b		t or other basis and sales expenses				5c		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events							
	6	•	and runuraising events come from gaming (attach Schedule G if greater than						
ne	a		5 5,	.					
Revenue		\$15,000)		6a					
æ	"	Gross income from fundraising events (not including \$ of contributions							
		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)							
				6c					
	d						6d		
	7a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Gross sales of inventory, less returns and allowances				- Ou			
	'å		4	7b					
	٦			· - ·			7c		
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O)					8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	106,236.		
_	10		d similar amounts paid (list in Schedule O)				10	,	
	11		Benefits paid to or for members				11		
s	12	Salaries, other compensation, and employee benefits				- 1	12		
Se	13	Professional fees and other payments to independent contractors					13		
Expense	14	Occupancy, rent, utilities, and maintenance					14		
ш	15	Printing, publications, postage, and shipping					15		
	16	Other expenses (describe in Schedule O)					16		
	17	Total expenses. Add lines 10 through 16				_	17	0.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	106,236.	
iets	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
Net Assets		(must agree with end-of-year figure reported on prior year's return)				,,	19	0.	
	20	Other changes in net assets or fund balances (explain in Schedule O)					20	0.	
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20			▶	21	106,236.	
LHA	A For	Paperwor	k Reduction Act Notice, see the separate instructions.					Form 990-EZ (2014)	

432171 12-15-14 Municipality: East Hartford _____



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: Hispanic Coalition of Greater Waterbury

Address: 745 Burnside Avenue

East Hartford, CT 06018

Federal Employer Identification Number: 06-1349937

Program title: Energy Conservation Project

Name of contact person: Victor Lopez,

Telephone number: (203) 558-5438

Email address:victorlopez jr@yahoo.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000 Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?							
⊠ Yes	□ No						
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal							

Part II — Program Information

Check the appropriate description of your program:
100% credit percentage
🗵 Energy conservation; or
Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit percentage
Job training/education for unemployed persons aged 50 or over;
Job training/education for disabled persons;
Program serving low-income persons;
Child care services;
Establishment of a child day care facility;
Open space acquisition fund; or
Other (specify):
Description of program : The purpose of this application is to replace our building's current HVAC systems and add other energy savings enhancements. We recently completed an energy audit and believe we can recoup the entire cost of this project in less than 5 years. Should funds allow, some will be used to update windows and insulation systems for greater efficiency.
Need for program: the Hispanic Coalition of Greater Waterbury occupies satellite offices in a historic East Hartford building that was built in 1909. It is critical to upgrade energy systems while maintaining the

Neighborhood area to be served: East Hartford

historic integrity of the building wherever possible.

Plan to implement the program:

Olmsted Reality, 745 Burnside Avenue, East Hartford, CT – Oversight of any building work to state standards

Form NAA-01 (Rev. 03/17) Page 2 of 5

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Progra	m Budget:	
Comple	ete in full. Expenditures must equal or exceed total funding.	
Source	es of Revenue:	
	NAA funds requested	\$150,000
	Other funding sources - itemized sources:	
	a)	
	b)	
	c)	
	d)	
Total F	-unding:	\$150,000
Propo	sed Program Expenditures:	
	Direct operating expenses - itemized description:	
	a) Construction costs	\$150,000
	b)	
	c)	
	d)	
	Administrative expenses - itemized description:	
	a)	
	b)	
	c)	
	۵)	

Form NAA-01 (Rev. 03117) Page 3 of 5

\$150.000

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:					
Town of East Hartford					
Mailing address:					
740 Main Street, East Hartford, CT 06107					
Name of municipal liaison: Paul O'Sullivan					
Telephone number: 860-291-7206					
Fax number: ,860-289-8394					
Email address: posullivan@easthartfordct.gov					

Post-Project Review						
Is a post-project review required for this proposal?						
⊠ Yes □ No						
If Yes , date post-project review due:						
3/31/20						
Date						

Form NAA-01 (Rev. 03/17) Page 4 of 5

EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMP No. 1545-0047 Open to Public Inspection

<u>A</u>	For th	e 2015 calendar year, or tax year beginning 🔠	TUL 1, 2015 and	ending	JUN 30, 2016	
В	Check i applicat	C Name of organization		- 4	D. Employer identifi	cation number
_		HISPANIC COALITION OF	GREATER			
	Addr	ge <u>WATERBURY</u> , INC		_		
	Nam chan	ge Doing business as			**_*	**9937
	fnitia retur	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suil	e E Telephone numbe	r
	Final return	135 EAST LIBERTY STREE	T			754-6172
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	916453.
	Amei	WAIERBURI, CI 00/00			H(a) Is this a group re	
L	iAppli	I P Name and address of principal officer, v _ L _	TOR LOPEZ	1.		
_	pend	SAME AS C ABOVE			H(b) Are all subordinates in	
1	ax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 52	7 If "No," attach a	list. (see instructions)
		te: NWW.THEHISPANICCOALITI	ON.ORG		H(c) Group exemption	n number 🕨
			ssociation Other	L Yea	r of formation: 1991 N	A State of legal domicile: CT
P	art I	Summary				•
ō	1	Briefly describe the organization's mission or most	t significant activities: THE	ORGAN	IZATION'S PR	IMARY
Activities & Governance		PURPOSE IS TO PROVIDE ADV	OCACY, COLLABOR	ATION	AND CREATIO	N OF
ž	2	Check this box if the organization disco	ntinued its operations or dispos	sed of mo	re than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body	05			11
O.	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	11
Se	5	Total number of individuals employed in calendar	year 2015 (Part V, line 2a)		5	43
Ϋ́	6	Total number of volunteers (estimate if necessary)			6	3
Ş	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form	990-T, line 34		7ь	0.
				Prior Year	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)			143623.	135228.
ž	9				586004.	765741.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4		314.	0.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		1874.	1399.	
		Total revenue - add lines 8 through 11 (must equal			731815.	902368.
	13	Grants and similar amounts paid (Part IX, column (0.	0.	
	14	Benefits paid to or for members (Part IX, column (A		0.	0.	
ģ	15	Salaries, other compensation, employee benefits (553320.	664858.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	line 11e)		0.	0.
ĝ.		Total fundraising expenses (Part IX, column (D), lin				
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d			163886.	199354.
		Total expenses. Add lines 13-17 (must equal Part I			717206.	864212.
	19	Revenue less expenses. Subtract line 18 from line			14609.	38156.
28					eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)			201275.	221730.
₹ B	21	Total liabilities (Part X, line 26)			63187.	45486.
Net Assets Fund Balanc	22	Net assets or fund balances. Subtract line 21 from	line 20		138088.	176244.
	art II	Signature Block				
Und	er pena	lities of perjury, I declare that I have examined this return,	including accompanying schedules	s and state	ments, and to the best of m	y knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	ich prepar	er has any knowledge.	
Sig	n	Signature of officer	•		Date	
Her			E DIRECTOR			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	l	CARRIE ZIMYESKI			01/23/17 self-employ(# P00369050
Prep	arer	Firm's name DACKIN ZIMYESKI	SULLIVAN CPA'S I	TLC	Firm's EIN	**-***8606
Use	Only	Firm's address 1 EXCHANGE PLACE	6TH FL			
		WATERBURY, CT 06	702-1391		Phone no. 20	3-753-2200
May	the II	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No
	01 12-1			nne		Form 990 (2015)

Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: INTEGRATED HEALTH SERVICES

Address: 763 Burnside Avenue East Hartford, CT 06018

Federal Employer Identification Number: 20-887-9300

Program title: CLIENT HEALTH SERVICES

Name of contact person: Deborah Poerio

Telephone number: (860) 291-9787

Email address: debaprn@aol.com

Total N	AA funding	reques	sted (\$250 minimum, \$150,000 maximum): \$ 150,000
•	organization r come Tax?	equired	to file federal Form 990 or 990EZ, Return of Organization Exempt
\bowtie	Yes		No

Part II — Program Information

Check the	e appropriate description of your program:
100% cred	lit percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credi	t percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for disabled persons;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):

Description of program: Integrated Health Services is the operator for School Based Health Centers in East Hartford. The purpose of this project is to expand the services of their School Based Health Centers. Funds received would be used to provide additional personnel coverage and supplies so that students can receive more comprehensive services at the centers, beyond that funded through the State of Connecticut Department of Public Health. Also, these funds can be used towards the administrative support of the program.

Need for program: SBHCs provide medical, dental and behavioral health services to underinsured low income elementary and secondary students in Connecticut. East Hartford has been designated a targeted community within the state. The designation has been based upon the percentage of low income students, identified by the number of eligible for free or subsidized meal services. East Hartford is also home to a number of Inter district .Magnet Schools, who also serve a diverse population of low income students from throughout the region.

Neighborhood area to be served: East Hartford

Plan to implement the program:

Integrated Health Services, 763 Burnside Avenue, East Hartford, CT 06108 – Providing experienced medical and behavioral services, as well as other family support services.

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Client Service Expenses (medical, behavioral health) and family support services	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Form NAA-01 (Rev. 03117) Page 3 of 5

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:					
Town of East Hartford					
Mailing address:					
740 Main Street, East Hartford, CT 06107					
Name of municipal liaison: Paul O'Sullivan					
Telephone number: 860-291-7206					
Fax number: ,860-289-8394					
Email address: posullivan@easthartfordct.gov					

Post-Project Review							
Is a post-project review req	uired for this proposal?						
⊠ Yes □ No							
If Yes , date post-project review due:							
3/31/20 Date	<u> </u>						

Form NAA-01 (Rev. 03/17) Page 4 of 5

Form **990**

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

_	F 4L - 4	004E!-:		nine 71	1 01	015 201	dending	Jun	3.0		2016		
			dar year, or tax year begin		Health Servi			Juli			ication num	ber	
В	Check if app		Inc.		<u> </u>								
	Address change Doing business as Number change Number and street (or P.O. box if mail is not delivered to street address) Room									88793			
	Name	change	Room/suit	- '				_					
	Initial r	eturn	P.O. Box 380383			(86	0) 62	2-534	<u> </u>				
	Final ret	turn/terminated	City or town, state or province,										
	Amended return East Hartford CT 06138								G Gross r			,081.	
	Applica			a group return		=	Yes	XNo					
	ш.	, .	Deborah Poerio P.O. E	30x 380383	B East Hartford	CT 0	6138 H	(b) Are all	subordinates attach a list. (included?	ctions	Yes	∐No
$\overline{}$	Tax-eve	mpt status	X 501(c)(3) 501(c) (sert no.) 4947(a)(527	a no.	attacii a iist. (3ee 11130 O	Guorray		
J	Websi	<u> </u>	w.integratedheal				н	(c) Group	exemption nu	mber 🟲			
_				Association	Other >	1 4025	of formation:				gal domicile:	CT	
K		organization:	X Corporation Trust	Association	Other	Litea	OF IDITION.	200	, , , , , , , ,	nate of tes	90, 00,1110110.		
Pa		Summar			Gaant notivities:	N4		la imm	20110 0	tudon	to! no	tont	121
	1 Briefly describe the organization's mission or most significant activities: Mission: To improve students' pote												<u> </u>
- 8	to achieve and maintain wellness by reducing and addressing barriers to car Purpose: Integrated Health Services provides comprehensive and preventive										ivo		
ä	<u>₽</u> 1	rpose:	_Integrated Heal	<u> Fu se rojo</u>	ces provides	Comb.	renens	TAF	ing bre	sven ř	77.2		
er	<u> </u>	eaith c	are services to	scuoor s	de curroren e	ina a	uullă.		fite not a				
Activities & Governance	2 Ch	eck this bo	x > if the organization	oscontinued	its operations or dist	oosea ui	more ura	III 2376 L	n its net at	3			14
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Revenue	9 Pr	ogram serv		389.		_		348.					
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			expenses, Subtract line 18					 	-75,7				583.
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3ala								\vdash	37,4				852.
Not As Fund B			s (Part X, line 26)					 			-		
			fund balances. Subtract line	21 from line	20			<u> </u>	839,1	32.1		932,	715.
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He	re	▶ Deb	orah Poerio					Exec	utive :	Direc	ctor		
		Type or	print name and title.						,				
		Print/Type p	reparer's name	Preparer's signa	ature	D	ate		Check	if	PTIN		
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Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information

Name of tax exempt organization/municipal agency: INTEGRATED HEALTH SERVICES

Address: 763 Burnside Avenue

East Hartford, CT 06018

Federal Employer Identification Number: 20-887-9300

Program title: Energy Efficiency Project

Name of contact person: Deborah Poerio

Telephone number: (860) 291-9787

Email address: debaprn@aol.com

•	organization ome Tax?	required	to file federal Form 990 or 990EZ, Return of Organization Exemp
\bowtie	Yes		No

Part II — Program Information

Check the appropriate description of your program:

100% cred	lit percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),
60% credit	t percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for disabled persons;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):

Description of program: This project is designed to upgrade our facilities, currently located in a building built in 18660 with new insulated windows, walls and ceilings, in order to save on our energy bills. All current systems are original, and there is a great opportunity to improve our current efficiencies. In addition, the grant will be used to purchase and install an energy efficient central air conditioning system for the building. We are also planning construction of new clinical facilities at three local sites including magnet schools, and funds should they become available could be used to provide energy efficient equipment at these locations as well.

Need for program: Integrated Health Services' are located in a building that was built in 1860. All of the windows are original and the building has never been insulated. Any project funds received will be used to upgrade insulation in the building and to either replace or renovate window wall units to increase their energy efficiency. In addition, funds will be used to purchase and install an energy efficient central air conditioning system for the building. Any additional funds can be used for energy efficient construction at our planned facilities planned for other local magnet schools.

Neighborhood area to be served: East Hartford

Plan to implement the program:

Integrated Health Services, 763 Burnside Avenue, East Hartford, CT 06108 – Selection of contractors and oversight of installation of energy efficient systems.

Olmsted Realty, 763 Burnside Avenue, East Hartford, Ct 06108 – Oversight of construction work at site

Goodwin College, One Riverside Drive, East Hartford, CT 06118 -

Goodwin College Magnet Schools, One Riverside Drive, East Hartford, CT 06118

Form NAA-01 (Rev. 03/17) Page 2 of 5

Timetable:

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Total Proposed Expenditures:

Program Budget: Complete in full. Expenditures must equal or exceed total funding.	
Complete in rull. Experientiles must equal or exceed total runding.	
Sources of Revenue:	
NAA funds requested	\$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a)	
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	

\$150,000

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:					
Town of East Hartford					
Mailing address:					
740 Main Street, East Hartford, CT 06107					
Name of municipal liaison: Paul O'Sullivan					
Telephone number: 860-291-7206					
Fax number: ,860-289-8394					
Email address: posullivan@easthartfordct.gov					

Post-Project Review							
Is a post-project rev	riew required for this proposal?						
⊠ Yes □ No							
If Yes , date	post-project review due:						
3/31/20							
	Date						

Form NAA-01 (Rev. 03/17) Page 4 of 5

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For the 2	015 calen	dar year, or tax year begi	nning Jul	1	, 201	l5, and e	ending	J Jun			2016	
B Check if applicable: C Name of organization Integrated Health Services, Inc. D Employer													
	Addres	change Doing business as					20-8879300						
	Name o	Room/suite					uite	E Telephone number					
	\vdash	nitial return P.O. Box 380383						(860) 622-5340					
	 -	rn/terminated	City or town, state or province	ity or town, state or province, country, and ZIP or foreign postal code									
	\vdash	ed return	East Hartford			C	r 061	138-	0383			1,889,081	<u>. </u>
	\vdash	tion pending	F Name and address of principa	al officer:					H(a) İsthis a	group return	for subor	dinates? Yes	X No
	□,,,,,,,,,		Deborah Poerio P.O.	Box 38038	3 East Ha	rtford	CT 061	L 38	H(b) Are all	subordinates attach a list. (included?	ctions\ Yes	No
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K		rganization:	X Corporation Trust	Association	Other >	Ī	L Year of I					gal domiciie: C'I	7
		Summar	<u> </u>	7,000									
ro		efly descrit	y ne the organization's missis	on or most sign	ificant activi	ties:	Missi	on:	To imp	rove s	tuden	ts' poter	tial
	+ -	Briefly describe the organization's mission or most significant activities: Mission: To improve students' potential to achieve and maintain wellness by reducing and addressing barriers to care.											
Activities & Governance	D11	to achieve and maintain wellness by reducing and addressing balllers to calc.											
'na	he	alth c	are services to	school a	ge chil	dren a	nd adu	ılts	. <u></u> -		- 		
Ş	2 Ch	eck this bo	x F if the organization	n discontinued	its operatio	ns or dispo	sed of m	ore th	an 25% c	f its net as	sets.		
ဗ္	3 Nu	mber of vo	ting members of the gover	ning body (Par	t VI, line 1a)						3		1.4
య	4 Nu	mber of inc	dependent voting members	of the governi	ng body (Pa	rt VI, line 1	b)				4		13
<u>:</u>	5 Tot	al number	of individuals employed in	calendar year	2015 (Part \	/, line 2a)		• • •			5		37
Ę	6 Tot	al number	of volunteers (estimate if r	necessary)				• • •			6 7a		<u>7</u>
ă	7a Tot	al unrelate	d business revenue from f	Part VIII, colum	n (C), line 1:	2					7b		0.
	b Net	tunrelated	business taxable income	rom Form 990	-1, line 34			••••			10	Current Y	
			((D - 4) /III (C-+)	461					1	Prior Year 1,056,301.		1,076	
ē	8 Coi						<u></u>	633,051.			,876.		
Revenue	9 Pro	Program service revenue (Part VIII, line 2g)						389.		0,2,2	348.		
ě		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						3331					
_		15 (1) (1)							1,689,741.		1,889	,081.	
										,			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)											
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					1,525,646.		1.639	,680.			
es			undraising fees (Part IX, c						2/020/ 020/			··	
Expenses	l								1.00				
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44			es (Part IX, column (A), lin						239,866.			,818.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					1,765,512.				,498.		
		Revenue less expenses. Subtract line 18 from line 12					-75,771			End of Y	,583.		
500								Beginning of Current Year 876, 630.					
pet	20 Tot		ets (Part X, line 16)			-			,567. ,852.				
Not Assets or Fund Balances	21 Tot						37,498.						
ž	22 Ne	t assets or	fund balances. Subtract lit	ne 21 from line	20	<u> `</u>		• • •	<u> </u>	839,1	.32.1	932	,715.
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Sign Here		Signatu	Characters of officers Date										
		Signature of officer Deborab Poerio Executive D						ni xaa	7 t 0 r				
			Deborah Poerio EX Type or print name and title.					Exec	ucive	DITE	JUL		
		-	reparer's name	Preparer's sign	ature		Date			Check	if	PTIN	
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Preparer Use Only		1	Firm's name O'CONNELL PACE & COMPANY, PC						— Girm'n SIN ►				
		Firm's address 609 FARMINGTON AVE STE 201 HARTFORD CT 06105				Phono no. (860) 247-3917							
		<u> </u>	HARTFORD	have above 0	(ann innim:-		102			Phone no.	1000	. X Yes	No
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Municipality: East Hartford



Form NAA-01

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information					
Name of tax exempt organization/municipal agency:					
Town of East Hartford					
Address: 740 Main Street, East Hartford, CT 06108					
Federal Employer Identification Number:					
Program title: _Energy Efficiency Measures					
Name of contact person: Paul O'Sullivan					
Telephone number: (860) 291-7206					
Email address:posullivan@easthartfordct.gov					
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00					
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?					
∑ Yes □ No					
If Yes , attach a copy of the first page of your most recent return.					
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.					

Part II — Program Information

Check the appropriate description of your program: 100% credit percentage _X Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for disabled persons: Program serving low-income persons; Child care services; Establishment of a child day care facility; Open space acquisition fund; or Other (specify): Description of program: Replacement and/or refurbishment of various Town infrastructures to improve energy efficiency Specific locations to be determined. Need for program: Several Town facilities have HVAC, lighting and and other systems that are not energy-efficient, wasting not only natural but Town resources as well. This project will provide for the replacement or refurbishment of antiquated equipment in Town facilities to enhance energy conservation. Specific locations to be determined. Neighborhood area to be served: Town-wide Plan to implement the program: Implementation of energy efficiency improvements will be directed by Public Works Director Timothy Bockus

Program start date: 09/01/2017	
Program completion date: 09/01/2019	
The program completion date must not be more than two years post-project review is due to the municipality overseeing implafter program completion date for all projects receiving \$25,0	ementation no later than three months
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	·
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a)	
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Form NAA-01 (Rev. 03/17) Page 3 of 5

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:				
Town of East Hartford				
Mailing address:				
740 Main Street, East Hartford, CT 06107				
Name of municipal liaison: Paul O'Sullivan				
Telephone number: 860-291-7206				
Fax number:				
Email address: posullivan@easthartfordct.gov				

	Post-Proj	ect Review			
Is a post-project review required for this proposal?					
	Yes	☐ No			
If Yes , date post-project review due:					
	01/01	1/2019			
	D	ate			

2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Review: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.

Form NAA-01 (Rev. 03/17) Page 5 of 5

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank.	· · · · · · · · · · · · · · · · · · ·		
	Town of East Hartford, Connecticut				
જં	2 Business name/disregarded entity name, if different from above				
90					
ρa	3 Check appropriate box for federal tax classification; check only one of the fo	4 Exemptions (codes apply only to			
e 1s oi	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporati single-member LLC	on Partnership T	rust/estate certain éntities, not individuals; see instructions on page 3):		
ty tio	Limited fiability company. Enter the tax classification (C=C corporation, S=	Exempt payee code (if any)			
Print or type Specific Instructions on page	Note. For a single-member LLC that is disregarded, do not check LLC; che the tax classification of the single-member owner.	e above for Exemption from FATCA reporting code (if any)			
투류	✓ Other (see instructions) ► Munic	(Applies to accounts maintained outside the U.S.)			
_ ∺	5 Address (number, street, and apt. or suite no.)	Reque	ster's name and address (optional)		
bec	740 Main Street				
S	6 City, state, and ZiP code				
See	East Hartford, CT 06108		•		
	7 List account number(s) here (optional)				
	,, ,,				
Par	Taxpayer Identification Number (TIN)		·		
	your TIN in the appropriate box. The TIN provided must match the name	o given on line 1 to evoid	Social security number		
backu	o withholding. For individuals, this is generally your social security nun	ber (SSN), However, for a	Cooks cooking named		
reside	nt alien, sole proprietor, or disregarded entity, see the Part I instruction	is on page 3. For other			
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a					
TIN on page 3.					
	If the account is in more than one name, see the instructions for line 1 nes on whose number to enter.	and the chart on page 4 for	Employer identification number		
gulueli	nes on whose number to enter.		0 6 - 6 0 0 1 9 8 9		
	II Contification				
Pari					
	penalties of perjury, I certify that:				
	number shown on this form is my correct taxpayer identification num		•		
Ser	n not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu onger subject to backup withholding; and	ckup withholding, or (b) I have re to report all interest or divid	e not been notified by the Internal Revenue dends, or (c) the IRS has notified me that I am		
3. I an	a U.S. citizen or other U.S. person (defined below); and				
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting is co	rrect.		
Certifi	cation instructions. You must cross out item 2 above if you have bee	n notified by the IRS that you	are currently subject to backup withholding		
becaus	se you have failed to report all interest and dividends on your tax return	 For real estate transactions 	item 2 does not apply. For mortgage		
interes	t paid, acquisition or abandonment of secured property, cancellation of Ily, payments other than interest and dividends, you are not required t	of debt, contributions to an inc	dividual retirement arrangement (IRA), and		
instruc	tions on page 3.	o sign the certification, but yo	ou must provide your correct Hin. See the		
Sign Here	Signature of U.S. person ► MUCale	Date ►	4/7/17		
		Date	''' 		
Gen	eral Instructions	 Form 1098 (home mortgage in (tuition) 	nterest), 1098-E (student loan interest), 1098-T		

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- . Form 1099-INT (interest earned or paid)
- · Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- · Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.